DLN: 93493228028362

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

ZUII

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

emai Revenu					,	Inspection
		lendar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-201	.1	D Employer i	identification number
Check if a Address c		CLARKSVILLE ASSOCIATION OF REALTORS			62-10426	
Name cha	_	Doing Business As		_	E Telephone	
Initial retu	-				(931)552	2-3567
Terminate		Number and street (or P O box if mail is not delivere 115 CENTER POINTE DRIVE	ed to street address) Room/s	uite	G Gross receip	ots \$ 571,263
Amended		City or town, state or country, and ZIP + 4				
		Clarksville, TN 37040				
Applicatio	n pending			_		
		F Name and address of principal officer		H(a) Is the affilia	s a group retu	urn for □ Yes 🔽 No
				aiiiid	ices.	1 165 1 140
					l affiliates incl	
Tax-exer	npt status	501(c)(3)	4947(a)(1) or	_	o," attach a li: ip exemption	st (see instructions)
	·			H(c) Grou	ip exemption	ilulibei 🟲
	e:► N/A			<u> </u>		T
	_	✓ Corporation Trust Association Other ►		L Year of fo	mation	M State of legal domicile TN
Part I		mary				
	,	escribe the organization's mission or most sigi .IN HIGH PROFESSIONAL STANDARD FOR				
2 3 4 5 6		IN HIGH PROPERTIES	NEAETONS			
			<u> </u>			
	Chaaliti		oporations or discussed	of more than 3	E0/- cf.b	accata
		of voting members of the governing body (Part			3% or its net	1
		of independent voting members of the governii			. 4	
		mber of individuals employed in calendar year			5	
		mber of volunteers (estimate if necessary) .			6	
7a		related business revenue from Part VIII, colu			7a	
ь	Net unre	lated business taxable income from Form 990	-T, line 34		71:)
				Prio	r Year	Current Year
8	Contri	butions and grants (Part VIII, line 1h)			467,840	484,560
9	Progra	m service revenue (Part VIII, line 2g)				O
10	Invest	ment income (Part VIII, column (A), lines 3,	4, and 7d)		209,851	54,713
- 11		revenue (Part VIII, column (A), lines 5, 6d, 8			8,428	6,475
12		revenue—add lines 8 through 11 (must equal F		ie	686,119	545,748
13		and similar amounts paid (Part IX, column (A				0
14		ts paid to or for members (Part IX, column (A)	.,			Q
. 15		es, other compensation, employee benefits (Pa				
6 16a	5-10)				81,125	90,642
16a	Profes	sional fundraising fees (Part IX, column (A), li	ne 11e)			0
Š b		ndraısıng expenses (Part IX, column (D), line 25) 🕨 🖰 🗀				
17		expenses (Part IX, column (A), lines 11a-110		•	342,166	
18		expenses Add lines 13–17 (must equal Part I			423,291	
<u>φ</u> 19	Reven	ue less expenses Subtract line 18 from line 1	2	Poginning	262,828	-70,191
<u>2</u>					g of Current ear	End of Year
Secure 20 21 22	Total	assets (Part X, line 16)			1,875,983	1,740,905
[21		iabilities (Part X, line 26)			450,305	385,418
∄ 22	Net as	sets or fund balances Subtract line 21 from li	ne 20		1,425,678	1,355,487
Part II	Sign	ature Block				
nder pena	alties of pe and belie	erjury, I declare that I have examined this return, f, it is true, correct, and complete. Declaration of				
	**** Signa	** uture of officer			012-08-15 ate	
gn ere	'			<i>D</i> 6	-	
		O HARVEY President or print name and title				
	 		Date	Check If	Prenarer's tav	payer identification number
iid	Preparer signature			self-	(see instruction	
nu eparer's	Firm's as	ame (or yours L STONE RUDOLPH & HENRY PLC		employed 🕨 🦳		
se Only	ıf self-er	nployed),			EIN 🕨	
J	address,	and ZIP + 4 1 124 CENTER POINTE DRIVE			Phone no 🕨	(931) 648-4786
		CLARKSVILLE, TN 370408408			T. HOLIC HO	(201) 010 1700

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Form	990 (2011)					Pa	ge
Par		nt of Program Servi hedule O contains a resp			·	୮	
1	Briefly describe t	he organization's mission					_
MAII	NTAIN HIGH PROF	FESSIONAL STANDARD	FOR REALTORS	5			
							_
2		on undertake any significa O or 990-EZ?				┌ Yes ┌ No	_
	If "Yes," describe	these new services on Sc	hedule O				
3	_	on cease conducting, or m	-	_	nducts, any program	┌ Yes ┌ No	
	If "Yes," describe	these changes on Schedu	le O				
4	expenses Section	n 501(c)(3) and 501(c)(4)	organizations a	and section 4947(a)	ree largest program service (1) trusts are required to re ch program service reported	port the amount of	
	(Code) (Expenses \$	207,159	ıncludıng grants of \$) (Revenue \$)	_
	PROVIDE EDUCATION	NAL PROGRAM FOR REALTORS	,			, 	
4b	(Code) (Expenses \$	II	ncluding grants of \$) (Revenue \$)	_
	LIAISON WITH STATE	E AND NATIONAL BOARDS					_
4c	(Code) (Expenses \$	11	ncluding grants of \$) (Revenue \$)	
	IMPROVE PROFESSIO	ONAL STATUS OF REALTORS IN	THE COMMUNITY				_
4d	Other program s	ervices (Describe in Sche	edule O)				_
	(Expenses \$	ınclı	ıdıng grants of \$;) (Revenue \$)	
4e	Total program se	rvice expenses►\$	207.159				_

Form **990** (2011)

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	330 (2011)			i age -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

		_
Dart V	Statements Regarding Other IRS Filings and Tax Compliance	
	Statements Regarding Other 183 innigs and rax compliance	

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1 <u>a</u> 14			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
-	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		100	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
u	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		No
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	•			
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for ining requirements for Form FD 1 30 22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	טכ		No
Ü	11 165 to fine 3a of 30, and the organization me Form 6000-17	5c		INU
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
	Organizations that may receive deductible contributions under section 170(c).	OD		
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
а	services provided to the payor?	/a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	,		B.1
	allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
_	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		Nο

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are								
2	Independent								
3	other officer, director, trustee, or key employee?	2		No					
3	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes						
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b		No					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	Yes						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No					
13	Did the organization have a written whistleblower policy?	13		No					
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		No					
b	Other officers or key employees of the organization	15b		No					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No					
Se	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

(931) 552-3567

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 DEB HAYNES-KULLICK
 933 MADISON STREET
 CLARKSVILLE,TN 370403544

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga	nization nor any re	lated o	rganı	zatıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	Former		related organizations		
(1) DEB HAINES-KULLICK Executive Direc	40 00							44,464	0	0
(2) RANDY WORCESTER Director	1 00	х						0	0	0
(3) MARK LESTER Director	1 00	х						0	0	0
(4) KATHY ADKINS Director	1 00	х						0	0	0
(5) KAYLA LEVAN Director	1 00	х						0	0	0
(6) DWAYNE MANN Secretary/Treas	4 00	х		х				0	0	0
(7) LISA KNIGHT Director	1 00	х						0	0	0
(8) MARION JEWELL Vice President	4 00	х		х				0	0	0
(9) DAVID GREENE IMM PAST PRES	1 00	х						0	0	0
(10) MARK HOLLEMAN Director	1 00	х						0	0	0
(11) TODD HARVEY President	4 00	х		х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(describe director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-	l compen s from - organizat		ited f other sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	I .
1b	Sub-Total			<u> </u>				<u> </u>						
С	Total from continuation sheets t	to Part VII, Sec	tion A					 -						
2	Total (add lines 1b and 1c) . Total number of individuals (inclusion),000 of reportable compens					ted	• above) who	receive	44,464 d more tha	an			
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>								or highes	t compens	ated employee		Yes	No
4	For any individual listed on line 1 organization and related organization and related organization.	.a, is the sum of	report	able	com	pens	sation	and (3 4		No
5	Did any person listed on line 1a services rendered to the organization										or individual for •	5		No
Se	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	the organizatio ear									ng with			
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
												\perp		
												+		
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nited	d to	those	liste	d above)	who recei	ved more than			

Part V	/	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a				
ਜ਼ਜ਼	Ь	Membership dues 1b 484,560				
ಕ್ರಾ	"					
∞≒	С	Fundraising events 1c				
差景	d	Related organizations 1d				
ಲ್ಲ≅	e	Government grants (contributions)				
半등	•					
.≘ <u>:</u>	f	All other contributions, gifts, grants, and similar amounts not included above				
3 %	g	Noncash contributions included in				
⊒ਰ	9					
Contributions, gifts, grants and other similar amounts		Innes 1a-1f \$ Total. Add lines 1a-1f	484,560			
ပဏ	h	Total. Add lines 1a-11	101,500			
nu		Business Code				
È	2a					
<u>ş</u>	_					
盗	b					
ပို့	С					
돌	d					
ď	e					
E						
Program Serwce Revenue	f	All other program service revenue				
Ě	g	Total. Add lines 2a−2f	0			
	3		0			
	-	Investment income (including dividends, interest	54,713			54,713
		and other similar amounts)	·			34,713
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross rents 6,475				
	ь	Less rental				
		expenses				
	C	Rental income 6,475 or (loss)				
	d	Net rental income or (loss)	6,475			6,475
		(ı) Securities (ıı) Other				
	7a	Gross amount				
	-	from sales of				
		assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	l c	Gain or (loss)				
	d	Net gain or (loss)	0			
		1				
4.	8a	Gross income from fundraising events (not including				
Other Revenue		\$				
<u>a</u>		of contributions reported on line 1c)				
<u>.</u>		See Part IV, line 18				
<u> </u>		a				
프	b	Less direct expenses b				
ŏ	c	Net income or (loss) from fundraising events 🕨	0			
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a 25,515				
	ь	Less cost of goods sold b 25,515				
	c	Net income or (loss) from sales of inventory	0			
	١	Miscellaneous Revenue Business Code				
	44	Priscendieous Revenue Dusiness Code				
	11a					
	b					<u> </u>
	c					
	d	All other revenue				
	_	Total. Add lines 11a-11d				
		iotai. Add lines 11a-11d	0			
	12	Total revenue. See Instructions				
		Total levenue. See Thistractions	545,748			61,188
						Form 990 (2011)

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) ~ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 0 Grants and other assistance to individuals in the United States See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 44,464 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 7 Other salaries and wages 38,627 38,627 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 Other employee benefits 0 7,551 7,551 10 Fees for services (non-employees) 11 Management O 0 Legal 10,680 Accounting 10,680 Lobbying 0 Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees 0 g Advertising and promotion . . . 0 12 7,035 Office expenses 7,035 13 14 Information technology 0 15 Royalties . . 0 0 16 10,932 17 10,932 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 0 19 Conferences, conventions, and meetings 23,983 23,983 13.893 13,893 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 49,161 49,161 23 6.112 6,112 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) STATE & NATIONAL DUES 100,079 100,079 MONTHLY SENTRILOCK 35,989 35,989 ENTERTAINMENT 29,065 29,065 BAD DEBT - THEFT LOSS 149,586 149,586 ASSOCIATION REP 34,386 34,386 All other expenses 54,396 8,714 45,682 25 Total functional expenses. Add lines 1 through 24f 615,939 207,159 364,316 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 625,776 196,387 1 1 253.721 153.851 2 2 Savings and temporary cash investments 3 3 0 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 Schedule L 6 0 7 9.000 9.000 8 0 9 9 Prepaid expenses and deferred charges 1,434,411 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 82,406 236,947 b Less accumulated depreciation 10c 1,352,005 0 11 11 29,662 29,662 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets 14 0 720,877 15 15 1,875,983 1,740,905 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 450,305 25 385,418 D 26 450,305 26 385,418 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,425,678 27 1,355,487 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1.425.678 33 1.355.487 34 Total liabilities and net assets/fund balances 1.875.983 1.740.905 34

Pal	Check if Schedule O contains a response to any question in this Part XI		•	- [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	545,74
2	Total expenses (must equal Part IX, column (A), line 25)	2			515,939
3	Revenue less expenses Subtract line 2 from line 1	3			-70,19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	125,67
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,3	355,48
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		No

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 62-1042696

Name: CLARKSVILLE ASSOCIATION OF REALTORS

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493228028362

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number CLARKSVILLE ASSOCIATION OF REALTORS 62-1042696 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year -	ng)			
4	Number of states where property subject to conservation easement is located 🛌					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	-,	Yes	Г	No	•
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌	_				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year					
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? $ \Gamma = \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) + \frac{1}{2} \left(\frac{1}{2} \right) $	- ,	Yes	Г	No)
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe the organization's accounting for conservation easements.					

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2011 Cat No 52283D

Par	TIPE Organizations Maintaining Collections	OT APT, HIS	stor	cai ir	<u>easu</u>	res, or Oth	er Similar As	sets (c	<u>:ontinued)</u>
3	Using the organization's accession and other records, citems (check all that apply)	heck any of t	he fo	lowing t	hat ar	e a significant	use of its collec	tion	
а	Public exhibition	d	Γ	Loan	or excl	hange program	s		
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections a Part XIV	nd explain ho	w the	y furthe	r the o	organization's e	exempt purpose	ın	
5	During the year, did the organization solicit or receive cassets to be sold to raise funds rather than to be mainta							┌ Yes	┌ No
Par	Part IV, line 9, or reported an amount on I	Complete if	the	organi	zatıor		Yes" to Form 9	990,	
1a	Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?	r ıntermedıary	/ for o	ontribu	tions o	or other assets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and comp	lete the follow	wing t	able					
_								nount	
C C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
Т	Ending balance					1f			
2a	Did the organization include an amount on Form 990, Pa	art X, line 217	,					│ Yes	No
	If "Yes," explain the arrangement in Part XIV			1.11					
Pa	rt V Endowment Funds. Complete if the orga		Swer)Prior				ITT IV, IINE 10. I)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	(2	<i>y</i>		(-)	Control Control (Control Control Contr	,,	(-)	
b	Contributions								
c	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balan	ce held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
c	Term endowment ►								
3a	Are there endowment funds not in the possession of the	organization	that	are held	l and a	dmınıstered fo	r the		
	organization by							Yes	No
	(i) unrelated organizations						3a(+
b	(ii) related organizations						3		+
4	Describe in Part XIV the intended uses of the organization								
Par	t VI Land, Buildings, and Equipment. See F				.0.				
	Description of property			a) Cost or sıs (ınves		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook value
1a	Land		\top			236,947			236,947
b	Buildings					985,111	24,37	2	960,739
С	Leasehold improvements					30,659	6,90	3	23,756
d	Equipment					43,798	31,12	7	12,671
e	Other					137,896	20,00	4	117,892
	I. Add lines 1a-1e (Column (d) should equal Form 990, Par	t X, column (B), line	€ 10(c).)					1,352,005

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)	(2)21111111111	Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
		(c) Method of v	aluation
(a) Description of investment type	(b) Book value	Cost or end-of-year	
Tabel (Caluma (h) chauld agual Form 000, Part V, cal (R) Inc. 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		h) Rook value
	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description	e 15. tion		b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion 5.)		b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion 5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25.		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		b) Book value

_	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
		10	
) 	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p Total revenue, gains, and other support per audited financial statements	<u>er Re</u> 1	eturn
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
)	Donated services and use of facilities		
	Recoveries of prior year grants		
ı I	Other (Describe in Part XIV)		
' :	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIV)		
1	, , , , , , , , , , , , , , , , , , , ,	4-	
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Doturn
ГU	Total expenses and losses per audited financial	рег	Return
	statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
1	Donated services and use of facilities		
•	Prior year adjustments		
	Other losses		
ı	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ı	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
,	Other (Describe in Part XIV)	1	
	Add lines 4a and 4b	4c	
2			
:	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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DLN: 93493228028362

SCHEDULE O (Form 990 or 990-EZ) Supplemental Info

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization	Employer identifi	cation number
CLARKSVILLE ASSOCIATION OF REALTORS		
	62-1042696	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR INSPECTION UPON REQUEST
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	AN OFFICER REVIEWS THE FORM 990 PRIOR TO SIGNING IT THE CPA FIRM WHICH PREPARES THE FORM 990 REQUIRES A PARTNER TO REVIEW THE RETURN PRIOR TO SIGNING IT
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	THE CLARKSVILLE ASSOCIATION OF REALTORS ALLEGES THAT A FORMER EMPLOYEE MISAPPROPRIATED APPROXIMATELY \$149,585 OF ASSETS OVER A TWO-YEAR PERIOD THE RECEIVABLE RELATING TO THAT CLAIM WAS WRITTEN OFF DURING 2011 AND THE FULL AMOUNT WAS RECOGNIZED AS BAD DEBT EXPENSE. THE MATTER HAS BEEN REFERRED TO LEGAL COUNSEL AND TO LOCAL AUTHORITIES FOR RECOVERY OF THE FUNDS AND ADJUDICATION